
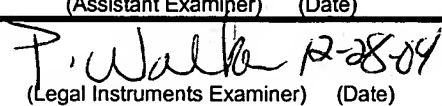



|  |                 |                |  |
|--|-----------------|----------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)   |  |
|  | 10/602,801      | MONAHAN ET AL. |  |
|  | Examiner        | Art Unit       |  |
|  | Sandra L. Brase | 2852           |  |

| ISSUE CLASSIFICATION  |   |          |   |       |                    |                                   |  |  |  |
|---|---|----------|---|-------|--------------------|-----------------------------------|--|--|--|
| ORIGINAL  |   |          |   |       | CROSS REFERENCE(S) |                                   |  |  |  |
| CLASS   |   | SUBCLASS |   |       | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |
| 399   |   | 167      |   |       | 399                | 162                               |  |  |  |
| INTERNATIONAL CLASSIFICATION  |   |          |   |       |                    |                                   |  |  |  |
| G   | 0 | 3        | G | 15/00 |                    |                                   |  |  |  |
|   |   |          |   | /     |                    |                                   |  |  |  |
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|   |   |          |   | /     |                    |                                   |  |  |  |
|   |   |          |   | /     |                    |                                   |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <br/>           (Assistant Examiner) (Date)         </div> <div>           Sandra L. Brase<br/> <br/>           (Primary Examiner) (Date)         </div> <div> <b>Total Claims Allowed: 16</b><br/><br/> <div style="display: flex; justify-content: space-around;"> <div>O.G. Print Claim(s)<br/>1</div> <div>O.G. Print Fig.<br/>2</div> </div> </div> </div> |   |          |   |       |                    |                                   |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
| 1  | 1        |                              | 31       |                               | 61       |                                 | 91       |
| 2  | 2        |                              | 32       |                               | 62       |                                 | 92       |
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| 16   | 16       |                              | 46       |                               | 76       |                                 | 106      |
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